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## BIB DATA SHEET

CONFIRMATION NO. 5191

| SERIAL NUMBER | FILING or 371(c)<br>DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO. |
|---------------|--------------------------|-------|----------------|------------------------|
| 10/525,373    | 01/17/2006<br>RULE       | 604   | 3771           | 09401.0004             |

**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/AU03/01079 08/23/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 AUSTRALIA 2002950965 08/23/2002  
 AUSTRALIA 2002953039 12/02/2002

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

|  |  |                  |                 |              |                    |
|--|--|------------------|-----------------|--------------|--------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No       | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | AUSTRALIA        | 10              | 17           | 3                  |
| Verified and /CLINTON T OSTRUP/<br>Acknowledged Examiner's Signature                               | Initials                                     |                  |                 |              |                    |

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**TITLE**  
 Nebulizing and drug delivery device

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>2890 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
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